

A. TARGET GROUP:

Target Group H: This target group consists of persons who are dependent on drugs and/or alcohol to the extent that the person's health is substantially impaired or endangered, or economic functioning is substantially disrupted.

E. QUALIFICATION OF PROVIDERS

Providers of case management services to recipients who are alcohol or drug dependent must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1-I-1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A. Target Group I:

Recipients who are severely emotionally disturbed and under age 21.

B. Areas of State in which services will be provided:

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Entire State.

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Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less than Statewide:

See narrative B. in the preceding section for Target Group C, page 1-C-1.

Eff. 4-1-93 All but the following counties have indicated that they provide case management services for persons in this target group: Adams, Clark, Columbia, Crawford, Marinette, Pepin and Washington.

C. Comparability of Services

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Services are provided in accordance with section 1902(a) (10) (B) of the Act.

☒

Services are not comparable in amount, duration, and scope. Authority of section 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services:

See narrative D. in the preceding section for Target Group C.

E. Qualification of Providers:

See narrative E. in the preceding section for Target Group C and the narrative that follows.

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A. TARGET GROUP:

Target Group I: This target group consists of persons who are under age 21 with emotional and behavioral problems which are all of the following:

- a. Severe in degree, with the presence of a mental or emotional disturbance diagnosable under DSM-III-R;
- b. Expected to persist for at least one year;
- c. Substantially interfering with the person's functioning in the family, schools, or community and with the person's ability to cope with the ordinary demands of life;
- d. Causing the person to need services from two or more of the following systems: mental health, juvenile justice, social services, child welfare, special education or health organizations.

E. QUALIFICATION OF PROVIDERS

Providers of case management services to recipients who are severely emotionally disturbed must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

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Page 1-J-1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A. Target Group J:

High risk pregnant and postpartum women - See attached.

B. Areas of State in which services will be provided:

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Entire State.

☐

Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less than Statewide:

See definition in B. 1-C, above.

Case Management services for persons in this target group are not provided in the following counties: _____

C. Comparability of Services:

☐

Services are provided in accordance with section 1902(a) (10) (B) of the Act.

☒

Services are not comparable in amount, duration, and scope. Authority of section 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services:

Covered services include risk assessment, care planning, ongoing care coordination and monitoring. See attached.

E. Qualifications of Providers:

See attached 1-J-4.

TN No. 92-031
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TN No. New

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A. TARGET GROUP:

Targeted Group: This target group consists of all Medical Assistance recipients throughout the entire state who meet the following criteria:

1. Pregnant and postpartum women (up to 60 days after delivery);
2. Expected to have difficulty receiving proper medical care; and
3. Determined by administering the Department-sanctioned risk assessment to be at high risk for adverse pregnancy outcomes such as a preterm births or low birth weight babies due to medical and nonmedical factors.

D. DEFINITION OF SERVICES

1. General Description: Prenatal care coordination services assist recipients at high risk for adverse pregnancy outcomes, and when appropriate, assist individuals related to the recipient. This assistance is to: gain access to; coordinate with; assess and follow-up on necessary medical, social, educational, and other services related to the recipient's pregnancy. Prenatal care coordination services usually include: risk assessment, care planning, ongoing care coordination and monitoring.

(Nutrition counseling and health education services, components of prenatal care coordination, are under the extended services to pregnant women section of this plan. Outreach, a component of prenatal care coordination, is an administrative service.)

2. Definitions:

- a. High risk for adverse pregnancy outcome means a situation where a pregnant woman has a high probability of having a preterm birth, a low birth weight baby or other negative birth outcome because of medical and/or nonmedical factors including psychosocial, behavioral, environmental, educational and nutritional factors. These risk factors are identified by administering the Department-sanctioned risk assessment. To decrease the identified risks, additional prenatal care services and follow-up services are provided through this benefit.
- b. Risk assessment. A risk assessment is a written appraisal of a recipient's pregnancy-related needs to determine if a recipient is at high risk of an adverse pregnancy outcome and to determine the type and level of the recipient's needs. When conducting the risk assessment the certified provider utilizes a Department-sanctioned instrument. The assessment must be performed by a person either employed by or contracted with the certified prenatal care coordination agency and must be reviewed by a qualified professional.

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- c. Care planning. Following completion of the risk assessment and determination of the need for prenatal care coordination, the prenatal care coordination provider will do care planning. Care planning is development of an individualized written plan of care which will identify needs, problems and possible services to reduce the recipient's identified risk factors and therefore reduce the probability of the recipient having a preterm birth, low birth weight baby or other negative birth outcomes. Care planning provides the means to ensure that through all care coordination services the recipient has accessible, coordinated, adequate, quality, and continuous services to address her identified needs. Care planning must be performed by a person employed by or contracted with the MA-certified prenatal care coordination agency. To the maximum extent possible, the development of a care plan is done in collaboration with the recipient, the family or other supportive persons.
- d. Plan of Care. The plan of care is a written document that may include, but is not limited to:
- (1) Identification and prioritization of risks found during the assessment;
 - (2) Identification and prioritization of all services and service providers to be arranged for the recipient;
 - (3) Description of the recipient's informal support system and activities to strengthen it;
 - (4) Identification of individuals who participated in the development of the plan of care;
 - (5) Arrangements made for and frequency of the various services to be made available to the recipient and the expected outcome for each service component;
 - (6) Documentation of unmet needs and gaps in service; and
 - (7) Responsibilities of the recipient in the participation of the plan.
- e. Ongoing care coordination and monitoring. After the development of the plan of care, ongoing care coordination and monitoring is the supervision of the provision of the services to ensure that quality service is being provided and to evaluate whether a particular service is effectively meeting the recipient's needs and reaching the goals and objectives of the care plan. Ongoing care coordination and monitoring is performed by a person who is employed by or under contract with the prenatal care coordination agency and is supervised by or is a qualified professional.

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1-J-4

Ongoing care coordination and monitoring services may include, but are not limited to:

- (1) Face-to-face and telephone contacts with recipients and related individuals for the purpose of following up on arranged services;
- (2) Documentation to record care plan management activities.

5. QUALIFICATION OF PROVIDERS

Prenatal Care Coordination Provider Certification

Any provider that meets the criteria outlined below is eligible to become certified as a prenatal care coordination provider.

1. Clinics and agencies that have experience in serving low income people as well as pregnant women and their families. These clinics and agencies include but are not limited to: community-based agencies or organizations; county, city or combined local public health agencies; departments of human or social services; family planning agencies; federally qualified health centers (FQHCs); health maintenance organizations (HMOs); independent physician associations (IPAs); hospital facilities; physician offices and clinics; registered nurses or nurse practitioners; rural health clinics; tribal agencies and health centers; private case management agencies; and Women, Infant, Children (WIC) programs.
2. Agencies, organizations and providers eligible to become certified as prenatal care coordination providers will meet the following staffing standards:
 - a. A prenatal care coordination agency employs at least one qualified professional with experience in coordinating services for at-risk and low-income women.
 - b. Qualified professionals are employed by or under contract with a certified prenatal care coordination agency that bills for the services and may include: licensed and registered nurses, certified midwives, physicians, physician assistants, registered dietitians, bachelor's degree social workers and health educators.
3. Prenatal care coordination providers are required to meet the Medicaid Program's documentation, recordkeeping and reimbursement requirements.

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Page 1-K-1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A. Target Group K:

Persons diagnosed as having HIV infection.

B. Areas of State in which services will be provided:

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Entire State.

Currently this benefit is available statewide, but provider participation is optional.

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Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

See narrative B. in the preceding section for Target Group C, page 1-C-1.

C. Comparability of Services:

☐

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See narrative D. in the preceding section for Target Group C.

E. Qualification of Providers:

See narrative E. in the preceding section for Target Group C and the narrative that follows.

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A. TARGET GROUP:

Targeted Group K: This target group consists of persons diagnosed as having any strain of human immunodeficiency virus which causes acquired immunodeficiency syndrome.

E. QUALIFICATION OF PROVIDERS

Providers of case management services to recipients who are diagnosed as having HIV infection must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A. Target Group L:

Recipients who are infected with tuberculosis.

B. Areas of State in which services will be provided:

☐

Entire State.

☒

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The benefit is available statewide, but provider participation will be voluntary. It is assumed that initial participation of providers will see a majority of counties covered, and most target populations selected. The State will require the county board of supervisors in any county in which the benefit is provided, to elect to have this benefit offered. This will ensure coordination and enhance case management.

C. Comparability of Services

☐

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See narrative D. in the section for Target Group C.

E. Qualification of Providers:

See narrative E. in the section for Target Group C and the narrative that follows:

Qualifications of Providers

Providers of case management services to recipients infected with tuberculosis must be knowledgeable concerning local service delivery systems, the needs of this recipient group, and the need for integrated services and the resources available.